

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>BA</i>	<i>70385</i>	
OLP.E. CLASSIFIER	<i>LA</i>	<i>52</i>	<i>3/9</i>
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW		<i>59158</i>	<i>5-28-00</i>

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INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 □ ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

*5-2-00*

Claim	Date
1	✓
2	✓
3	✓
4	✓
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Claim	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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